

63-027970

STATE FILE NUMBER

Primary Registration District No. 2000

Registrar's No. 1157-2

AMENDED

VS 300
Rev. 4/59

DATE AMENDED

INSTEAD OF _____

ITEM NO.	SHOULD READ
----------	-------------

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

VS 300
Rev. 4/59

1 0397

2 0370

3

4

5 2

6

7

8

9420-1

10

11

12 / 27

13

**USE BLACK INK
OR
TYPEWRITER RIBBON**

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) a. STATE Missouri b. COUNTY Greene	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield		c. CITY OR TOWN Republic	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Burge Hospital		d. STREET ADDRESS Rt. #1	
3. NAME OF DECEASED (Type or print) Willie Bryan Neil		4. DATE OF DEATH July 17, 1963	
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1-21-1896
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farm	11. BIRTHPLACE (City and state or country) Republic, Mo.
13a. FATHER'S NAME David B. Neil		14. NAME OF HUSBAND OR WIFE Fern M. Jackson	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		17. INFORMANT Address Marie Schmitt, Chanute, Kan.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary occlusion DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			
PART III. If deceased was female was there a pregnancy in last 90 days <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 7-14-63 to 7-17-63 and last saw ^{her} him alive on 7-17-63 Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) M. D.		22b. ADDRESS Springfield, Mo.	
22c. DATE SIGNED 7-23-63			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 7-20-1963	23c. NAME OF CEMETERY OR CREMATORY Wade Cemetery	23d. LOCATION (City, town, or county) Republic, Mo.
24. FUNERAL DIRECTOR ADDRESS W. B. Cantrell Republic, Mo.		25. DATE RECD. BY LOCAL REG. 7-16-63	
26. REGISTRAR'S SIGNATURE Effie S. Meltzer			

(Licensed Embalmer's Statement on Reverse Side)

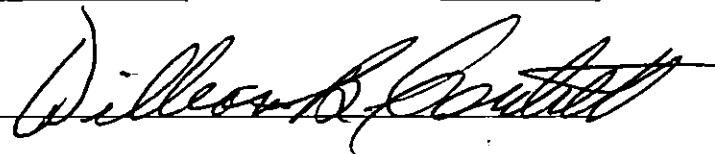
9/17/63

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed



Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.